

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR MARICOPA COUNTY

IN THE MATTER OF THE GUARDIANSHIP
AND/OR ESTATE OF:

CASE STATUS REPORT
(Guardianship Review Program)

An Incapacitated or Protected Person

PB _____

Due Date: _____

Volunteer Visitor's Name: _____

ACTIVITIES PERFORMED

Date(s) contacted Ward:

Contact Date	Ward's Address (facility name street, city, state, zip)	Contact Type (phone inter- (phone interview, field interview, correspondence)	Relationship	Phone Number
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Date(s) contacted Guardian:

Contact Date	Contact Name/Address (street, city, state, zip)	Contact Type (phone inter- view, field interview, corres.)	Relationship	Phone Number
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Date(s) contacted court-appointed attorney (if applicable):

Contact Date	Contact Name/Address (street, city, state, zip)	Contact Type (phone inter- view, field interview, corres.)	Relationship	Phone Number
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Date(s) contacted other person(s) during investigation:

Contact Date	Contact Name/Address (street, city, state, zip)	Contact Type (phone inter- view, field interview, corres.)	Relationship	Phone Number
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Date Report Submitted: _____ Volunteer Visitor's Name: _____

FINDINGS AND RECOMMENDATIONS:

Volunteer Court Visitor's

Overall Assessment:

Excellent

Good

Fair

Poor

Don't Know

Physical Health					
Emotional Health					
Intellectual Functioning					
Living Situation					
Relationship with Guardian					

- ☐ It appears that the ward continues to require the assistance provided by the court-appointed guardian and/or conservator.
- ☐ It appears that the guardian and/or conservator is attempting to ensure the present and future welfare of the ward.
- ☐ It appears that that this matter may have issues which require further review.

SUPPLEMENTAL INFORMATION

Observations:

- | | | |
|---|---|---|
| <input type="checkbox"/> Facility clean? | <input type="checkbox"/> Friendly / cooperative? | <input type="checkbox"/> Ambulatory with assistance? |
| <input type="checkbox"/> Facility free of safety hazards? | <input type="checkbox"/> Meaningful communication? | <input type="checkbox"/> Ambulatory - independent ? |
| <input type="checkbox"/> Ward alert? | <input type="checkbox"/> Appropriate social behavior? | <input type="checkbox"/> Wheelchair? |
| <input type="checkbox"/> Ward Responsive? | <input type="checkbox"/> Appropriate dress? | <input type="checkbox"/> Non-Ambulatory? |
| <input type="checkbox"/> Ward Confused? | <input type="checkbox"/> Appropriate hygiene? | <input type="checkbox"/> Continent – bowel? |
| <input type="checkbox"/> Total care? | <input type="checkbox"/> Continent – bladder? | <input type="checkbox"/> The least restrictive environment? |
| <input type="checkbox"/> Oriented to <input type="checkbox"/> name, <input type="checkbox"/> place and <input type="checkbox"/> time? | | |

Services provided by the guardian or the facility:

- | | | |
|--|---|--|
| <input type="checkbox"/> Administer medication | <input type="checkbox"/> Help dressing / grooming | <input type="checkbox"/> Nursing care |
| <input type="checkbox"/> Help in the bathroom | <input type="checkbox"/> Transportation | <input type="checkbox"/> Recreational activities |
| <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Help with feeding | <input type="checkbox"/> Education or training |
| <input type="checkbox"/> 24 hour supervision | <input type="checkbox"/> Day care program | <input type="checkbox"/> Other _____ |

Comments: _____

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CASE STATUS REPORT (Volunteer Court Visitor)

PB _____

An Incapacitated or Protected Person

VOLUNTEER COURT VISITOR'S WORKSHEET

INFORMATION FROM THE GUARDIAN:

1. Does the ward live with the Guardian? ☐ Yes ☐ No If not, how many times a year does the guardian or the guardian's representative visit the ward? ☐ 1-2 ☐ 2-4 ☐ 4-10 ☐ 11-15 ☐ 16-20 ☐ 21+

- 2 Did the ward experience any major changes in health or behavior during the last year? ☐ Yes ☐ No
If yes, what changes?

3. Does the guardian feel that the guardianship should continue? ☐ Yes ☐ No

If not, why _____

4. Is the guardian aware of the need to file the Annual Guardian Report and Annual Accountings, if appropriate, according to their due date? ☐ Yes ☐ No Was an Annual Guardian provided to the Visitor? ☐ Yes ☐ No

5. Does the guardian need assistance or information, either from the court or from a community agency, such as in matters of health services or eligibility for benefits? ☐ Yes ☐ No

If yes, please specify: _____

INFORMATION FROM THE WARD:

6. Date of placement at residence: _____

7. Has the ward made a change of residence in the past year? ☐ Yes ☐ No
If yes, what was the reason?

8. Does the ward have spending money for personal needs? ☐ Yes ☐ No Comments:

9. Aside from meals and personal care, how does the ward spend the day?

- | | | |
|---|---|---|
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Video games | <input type="checkbox"/> Attends school |
| <input type="checkbox"/> Listening to radio | <input type="checkbox"/> Attends activities | <input type="checkbox"/> Attends day program / day care |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Does chores | <input type="checkbox"/> Work |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Reading | <input type="checkbox"/> Therapy / Exercise |
| <input type="checkbox"/> Other: _____ | | |

10. How often does the ward go away from the residence?

- ☐ Never ☐ Seldom ☐ Once in a while ☐ Weekly ☐ Daily

11. Why does the ward leave the residence?

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> School | <input type="checkbox"/> Recreational activities |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Day program | <input type="checkbox"/> Visit Family / Friends |
| <input type="checkbox"/> Therapist | <input type="checkbox"/> Work | <input type="checkbox"/> Church |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Park | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Other: _____ | | |

12. Are the ward's recreational, socialization needs being met? ☐ Yes ☐ No

If not, please specify: _____

13. Does the ward have any conditions, which impede communication? ☐ Yes ☐ No If so, please specify:

- | | | |
|---|--|---|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Comatose | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Mental confusion, etc | <input type="checkbox"/> Other: _____ |

14. Date of last dental visit: _____ Specify any major dental problems: _____

15. Has the ward's physician changed in the past year? ☐ Yes ☐ No

If yes, please provide name of new physician: _____

16. Approximate number of medical visits per year:

- ☐ Rarely ☐ Once / year ☐ Twice / year ☐ Once / month ☐ More often

17. Is the ward in need of any medical attention? ☐ Yes ☐ No If yes, please specify: _____

18. How many times has the ward been hospitalized in the past year? _____

19. Does the ward have any dietary problems? ☐ Yes ☐ No If yes, please specify:

20. What medications have been prescribed? (Include if information is available)

Medications:

Dosage:

Frequency:

21. Does the ward have any problems with medications? ☐ Yes ☐ No If yes, what are the problems?
☐ Often forgets medication ☐ Refuses medications ☐ Having problems swallowing medications
☐ Medications must be crushed ☐ Medications prescribed by multiple doctors
☐ Other: _____

22. Within the past year, has the ward experienced any traumatic events or major changes? ☐ Yes ☐ No
If so, please specify:
☐ Moved to new residence ☐ Death of family member ☐ Medical / Mental changes
☐ Other: _____

23. Is the ward under the care of a mental health professional? ☐ Yes ☐ No If yes, please specify:
☐ Psychiatrist ☐ Psychologist ☐ Social worker ☐ Counselor ☐ Other _____

24. Is the ward in need of treatment or services not now provided? ☐ Yes ☐ No If yes, please specify: _____

25. Is the ward able to make responsible decisions regarding health and other vital matters? ☐ Yes ☐ No If yes, in what areas? _____

26. Questions for the Ward:	Yes	No	Can't Judge
Is the ward satisfied with living conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ward satisfied with overall care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ward satisfied with the caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the ward feel that the guardianship is still needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ward satisfied with the guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. If the ward answered "No" to any of these questions, please elaborate: _____

Volunteer's Name _____ Date _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.